



Incident Report

Print Date/Time: 05/01/2016 15:12

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00007626

Incident Date/Time: 4/23/2016 1:05:00 PM
Location: 621 SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 791-4236
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19R1	SS0133-Heinemann
19S11	SS0071-Valvick

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WALES, VENITA					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

04/23/2016 : 14:30:51 SP0400 Narrative: aa 19s11

04/23/2016 : 13:13:53 SP0402 Narrative: DAMAGE TO PASSENGER SIDE

04/23/2016 : 13:07:37 SP0331 Narrative: RP NOW SAYING VIC IS AT 9316 11TH ST NE, RUN VEH LSH INTO TOWN LR331

04/23/2016 : 13:06:37 SP0402 Narrative: AGENCY ADVISED

04/23/2016 : 13:06:15 SP0331 Narrative: CC, 5 AGO, NON INJ, NON BLKG, SUBJ GAVE NAME AND FLED. GOLD TOYT CAMRY

16-00007626, 042316 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E537372**CASE # **2016-7626**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **04** - **23** - **2016** TIME (2400) **1304** COUNTY # **31** MILES **0664** CITY # **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
SR 9 BLOCK NO. ☒ 600
MILE POSTDISTANCE OF (REFERENCE OR CROSS STREET)
FRONTAGE RDUNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4257914236LAST NAME **WALES** FIRST NAME **BENITA** MIDDLE INITIAL **W**STREET NEW ADDRESS **9316 11TH ST NE**CITY **LAKE STEVENS** ST **WA** ZIP **982587814**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **WALESBW327ML** STATE **WA** SEX **F** D.O.B. MMDDYYYY **07** - **13** - **1968**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **B07698X** STATE **WA** VIN# **1B7HC13Z71J576870**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **DODG** MODEL **RAMPU** STYLE **4C** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **THOMAS WALES 9316 11TH ST NE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **GEICO 0769 37 36 06**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4257404895LAST NAME **BROWN** FIRST NAME **JODI** MIDDLE INITIAL **M**STREET NEW ADDRESS **604 EAGLE VIEW DR**CITY **GRANITE FALLS** ST **WA** ZIP **982528001**CDL RESTRICTIONS **B** ENDORSEMENTSDRIVER'S LICENSE # **BROWNJM352OE** STATE **WA** SEX **F** D.O.B. MMDDYYYY **09** - **05** - **1965**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AKM3230** STATE **WA** VIN# **1HGEJ6570YL024225**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **HOND** MODEL **CIV4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **JODI BROWN 17718 ENGBRETSSEN RD GRANITE FALLS WA 98252**LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **DENNIS IRWIN** BADGE OR ID # **105** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E537372**CASE # **2016-7626**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		NANCE CORY H																
ADDRESS & PHONE # 17718 ENGBRETSSEN RD GRANITE FALLS WA 98252 3605230538										SEX M	D.O.B. MMDDYYYY 03	-	19	-	1989			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

UNIT #2 was west bound on SR204 and was crossing over SR 9 NE toward the 600 block of SR9 NE and was following the roadway left toward the frontage road. UNIT #1 was west bound on the exit roadway of the 600 block of SR 9 NE and had stopped at the stop sign, before making a right turn onto the roadway leading to the frontage road.

UNIT #1 failed to notice UNIT #2 was already traveling within the turn lane. UNIT #1 began to pull out from the stop sign; failing to yield the right-of-way to UNIT#2. UNIT #1 struck the passenger door of UNIT #2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN
04-24-16 10:57 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

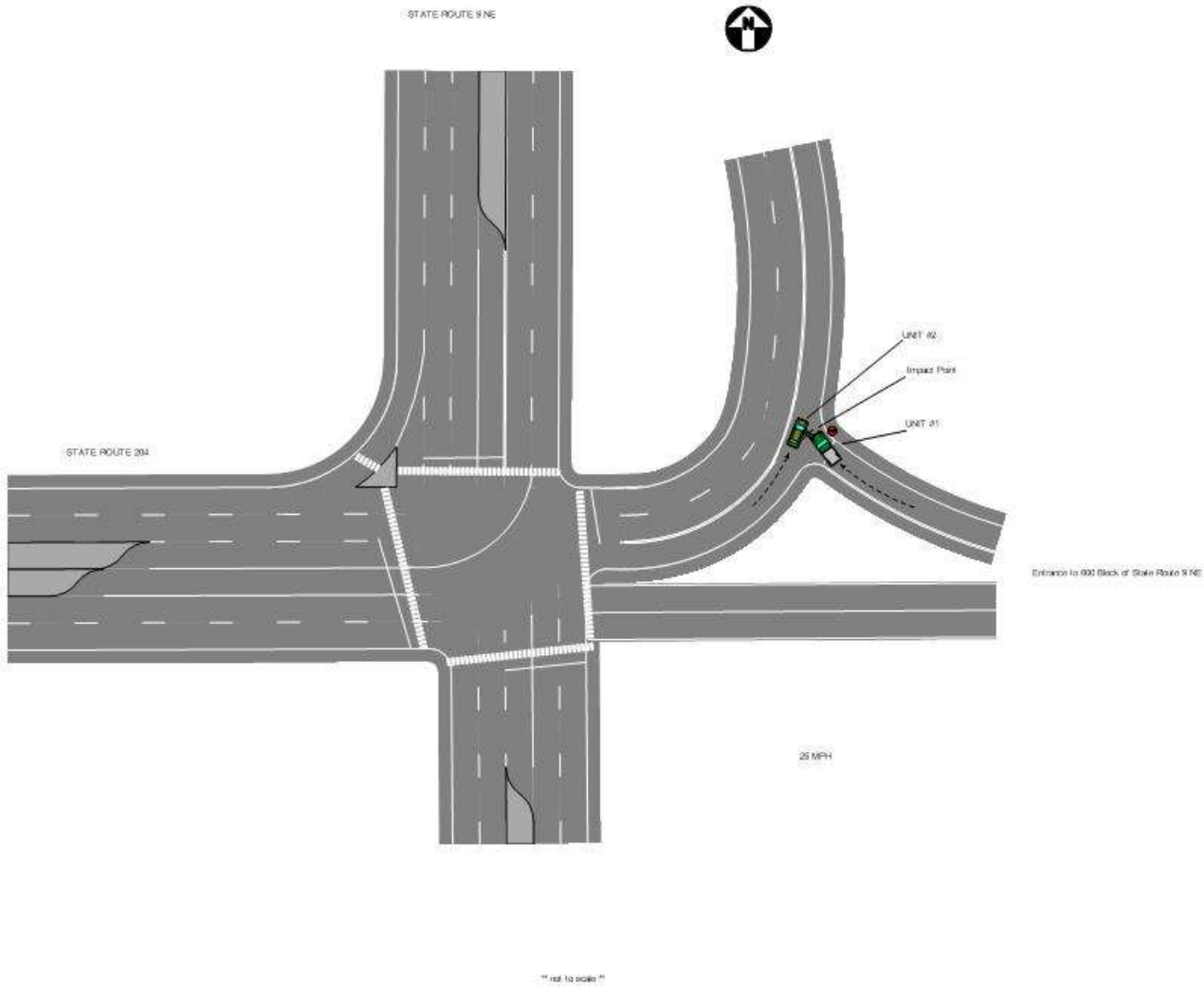
W. AUKERMAN 0072
4/25/2016 11:13:46 PM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	1:06 PM	TIME POLICE ARRIVED	1:08 PM
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REPORT NO. E537372

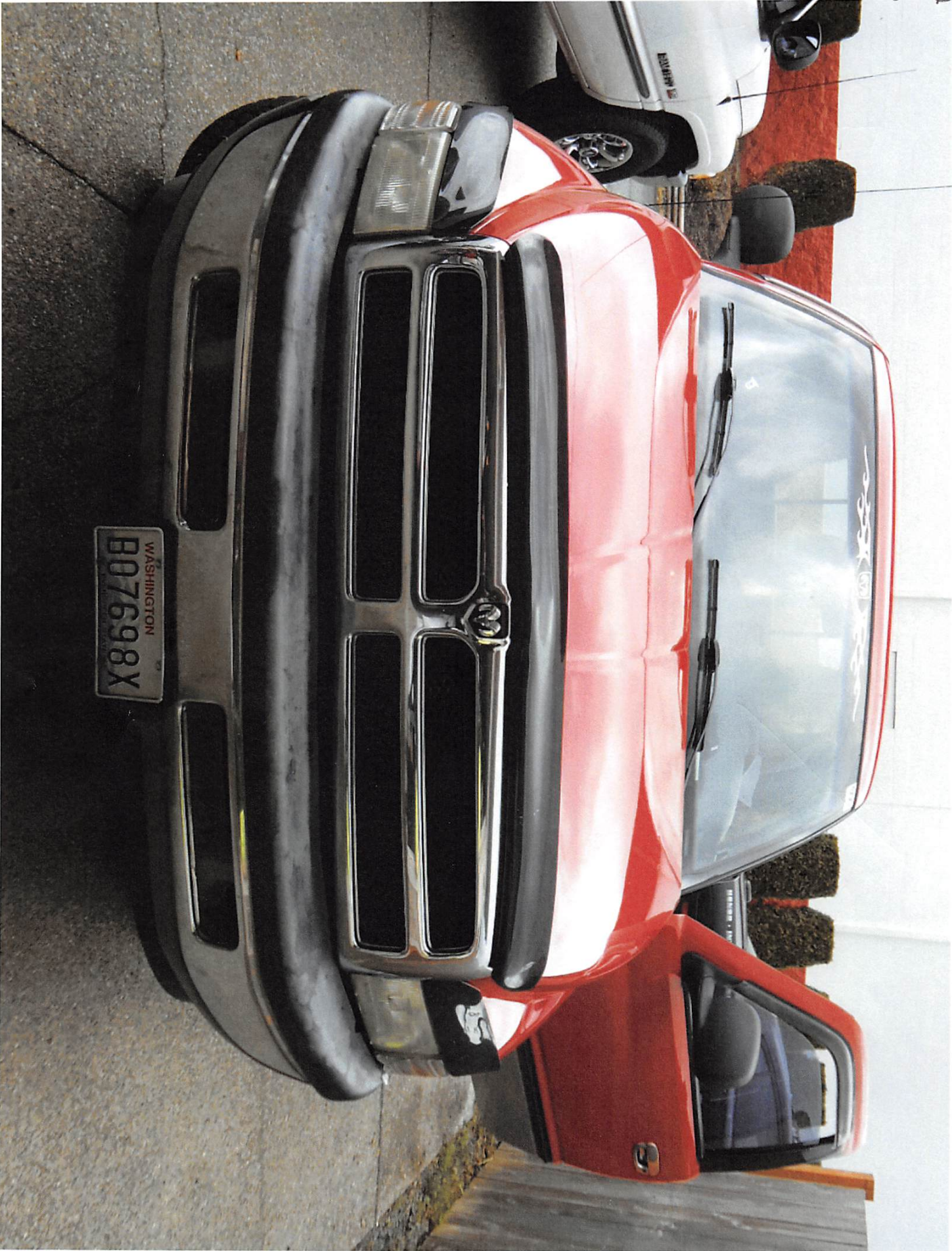
CASE # 2016-7626

DATE AND TIME
OF COLLISION 04/23/16 13:04



PHOTOS

2016-7626



2016-7626



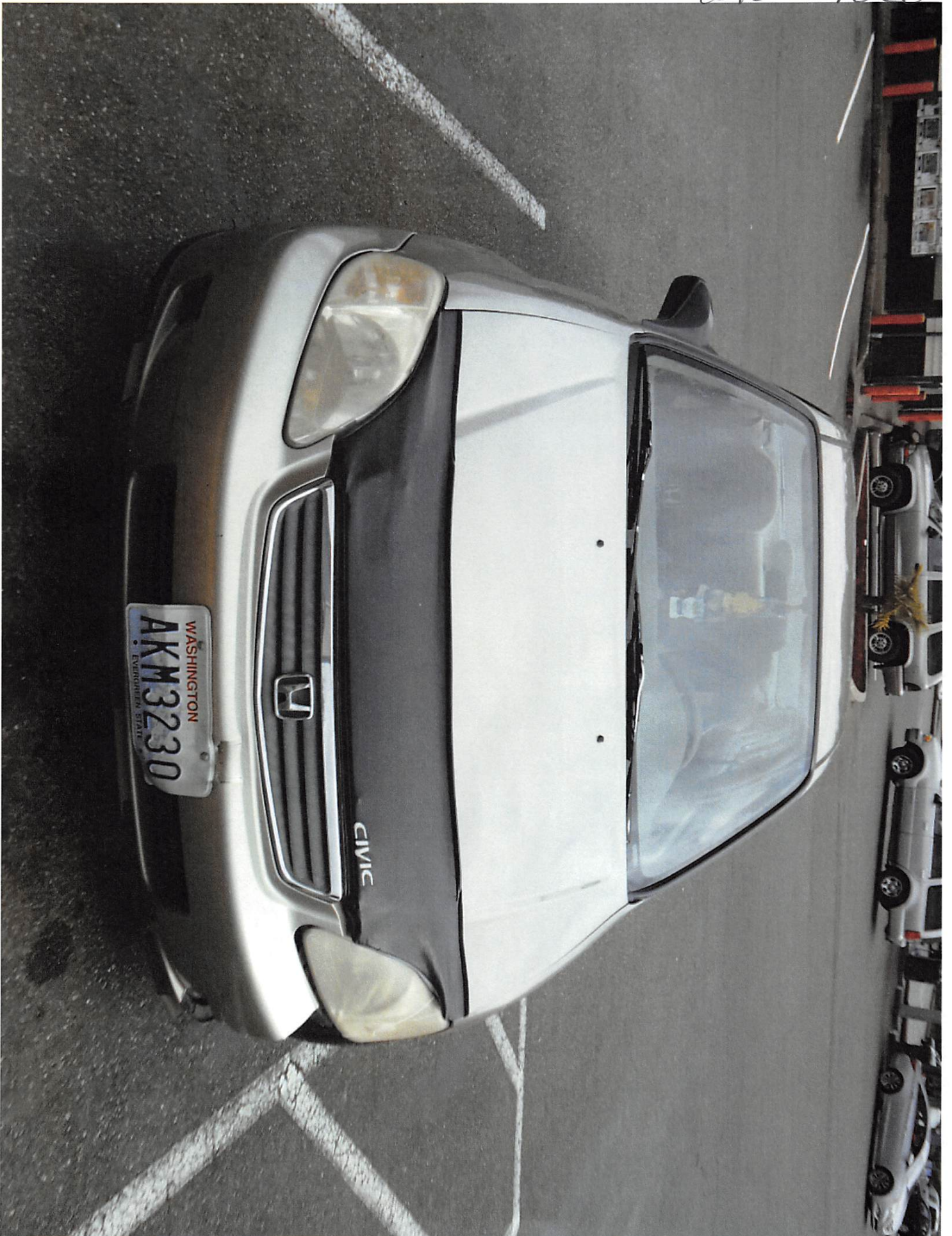
2016 - 7626
929102



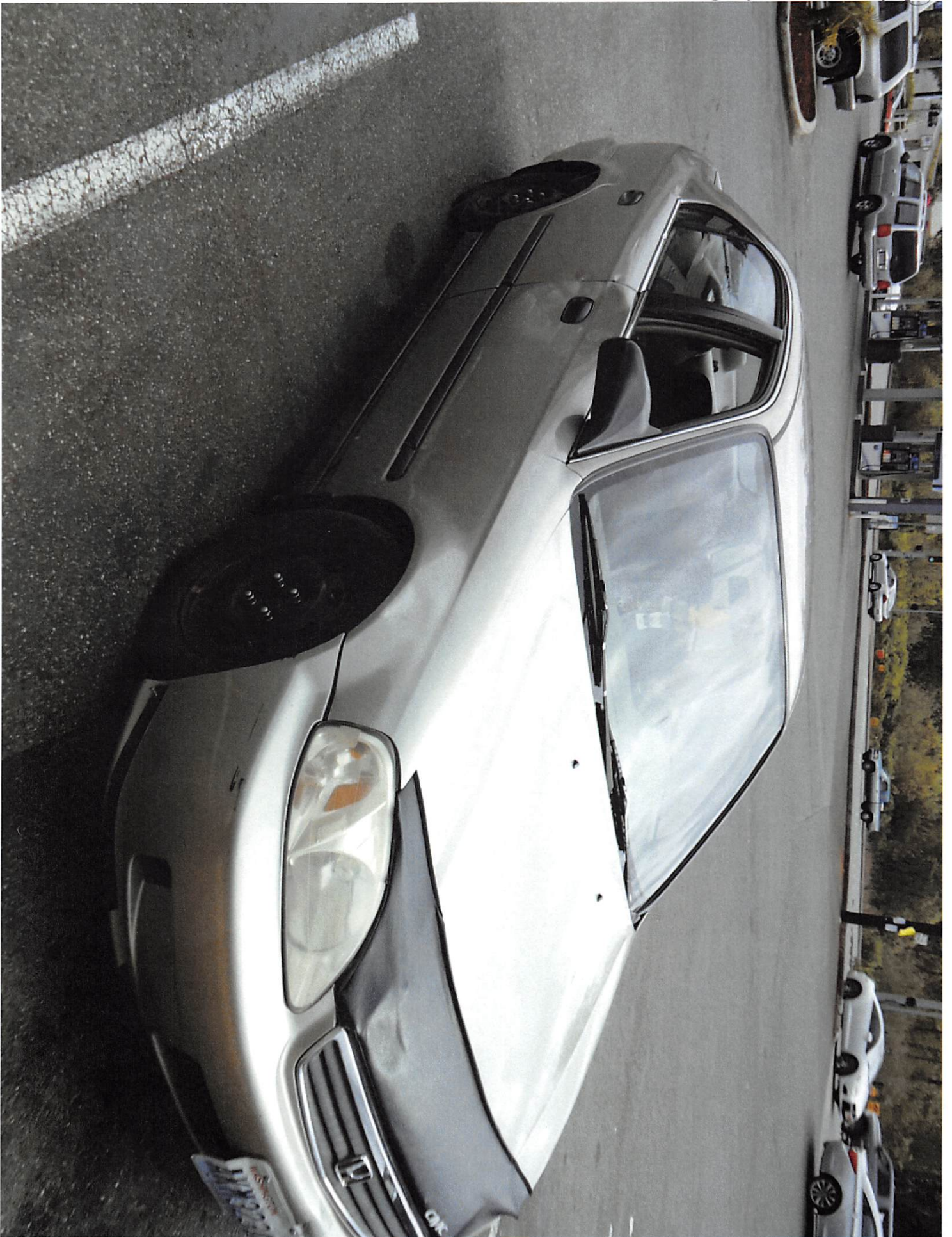
7016- 7626



2016-7626



7676-9102



2016 - 7626 9292



2016-7625





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER

2016-7626
7627VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Wales Benita Wendy		RACE White	ETHNICITY White	SEX F	D.O.B. 07/15/68	AGE 47	HGT 5'7"	WGT 270	HAIR Brown	EYES Green
STREET ADDRESS 9316 14th St NE				CITY Lake Stevens		STATE WA		ZIP 9825		
HOME PHONE 425-334-2014		CELL PHONE 425-879-6040			WORK PHONE N/A					
EMAIL ADDRESS (OPTIONAL) benitaingalls@yahoo.com					PLACE OF EMPLOYMENT N/A					

STATEMENT:

I was coming out of Safeway to go down to turn right on Frontage Road. I stopped no one was coming so I proceeded to go. I got 10 feet and there was a car on my left side. They tried passing me on the left when at that time I clipped the right side of the car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

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